<b>₹</b>	d because Yes	sactions, or liabilities of a spouse or dependent child because	d" income, tran	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No No	sts" need not Yes	s of Official Conduct and certain other "excepted trus pouse, or dependent child?	e on standards ng you, your s	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	THESE QUESTION	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	ist be answered and for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
<b>₹</b>	ngement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
	efore the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S <sub>S</sub>	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
<del>₹</del>	ereporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VIII.	ĕ ⊠	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
<b>∑</b>	eive any ting more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.		I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
assessed nore than	A \$200 penalty shad be assessed against anyone who files more than 30 days late.	Employing Office:  Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: VA Status House of Representatives District: FXQS+  Type Annual (May 15)  Amendment
K.	2008 MAY IS PH 3: 42	804-366-3489  (Daytime Telephones). S. Hause of REFREGRIGG PRAFT OF THE RECORDS, House of REFREGRIGG, Hope Only)		Robert Joseph Wittman
-	DEL. L. FD	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name Robert J. Wittman

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# SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits the second	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
State Board of Health (Yirginia)	Salary	50,481.59
House of Delegates	Salacy/Allowance	28,632.64
West-repeared Co. Public Schools	Spouse Salary	
Bay Banks of VA	Directors Fees	3,000.00

#### 8 ş Aciel Appreciation Fund Bank of lancaster Stock treat west Deterred comp dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income optional column on the far left less in personal savings accounts; any financial interest in or income derived from U.S. your spouse, or by you or your spouse's child, there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless instruction booklet. Block A. For additional information, of its activities, and its geographic location traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments), (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed names of stocks and mutual funds (do not use land, provide a complete address. Provide full income during the year. For rental property or exceeding \$1,000 at the end of the reporting periduction of income with a fair market value If you so choose, you may indicate that an asset Government retirement programs. parent, or sibling; any deposits totalling \$5,000 or not self-directed, name the institution holding the ticker symbols). For **all IRAs** and other retirement Identify (a) each asset held for investment or pro-An bugad Stop Index Molswai US Cxowth Str Soo Index oca learn crows Examples Asset and/or Income Source SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts ➣ None generated income, the value should be year and is included only because it If an asset was sold during the reporting please specify the method used Indicate value of asset at close of method other than fair market value reporting year. If you use a valuation 8 \$1 - \$1,000Indefinite $\prec$ O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 **BLOCK B** TI \$100,001 - \$250,000 g \$250,001 -- \$500,000 I \$500,001 - \$1,000,000 \_ \$1,000,001 - \$5,000,000 **ر**\_ \$5,000,001 - \$25,000,000 ᅔ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE investments, you may write "NA." For all other assets including all IRAs, Check all columns that apply. For ate any income during calendar year vested, should be listed as income. Check "None" if asset did not gener-Dividends and interest, even it reinnot allow you to choose specific retirement plans or accounts that do indicate the type of income by check-× DIVIDENDS × Ħe × RENT Type of Income appropriate box below. × × INTEREST イ × × CAPITAL GAINS EXCEPTED/BLIND TRUST Royalties Other Type of Income (Specify: For Example, Partnership Income or Farm Income) None checking the appropriate box below Check "None" if no income was received. vested, should be listed as income Dividends and interest, even if reinindicate the category of income by For all other assets, including all IRAS, ments, you may write "NA" for income. not allow you to choose specific invest-For retirement plans or accounts that do $\mathbf{x}$ × × \$1 - \$200= メ × × \$201 - \$1,000 ≡ Amount of Income 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 × $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 sales (S), or purchases (P) portion of an If only a \$1000 in exceeding exchanges (E) asset had example. See below for as follows: please indicate asset is sold Fransaction indicate if the eporting year. (S) (partial) S BLOCK E (partial) σςυμ

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Robert J. W. Himan Page 4 or 5

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#### SCHEDULE V— LIABILITIES

Name Robert J. Withran

business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

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	}
Creditor  Example: First Bank of Wilmington, Delaware  Vicaina Credit University	
Type of Liability  Mortgage on 123 Main St., Dover, Del.  Unsecured Credit Line	
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#### SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325

### SCHEDULE VIII—POSITIONS

Name Robert J. Withman

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proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
() paramais	Rappahannock Power Bosin Commission
Program Chairman	Interstate Shellfich Sanitation Conference

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

_	 	 _	 _
Date			
Parties To			
Terms of Agreement			